

| CLAIMS ONLY | | | | | | | Application Number | | Filing Date | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | 51 | | | |
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| 50 | | | | | | | 100 | | | |
| Total Indep | 13 | | | | | | Total Indep | | | |
| Total Depend | 19 | | | | | | Total Depend | | | |
| Total Claims | 24 | | | | | | Total Claims | | | |